

FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14008

BIRTH NO. _____		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 5562		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Iron 0470				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron 0470			
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Arcadia c. LENGTH OF STAY (in this place) 5 mo.				c. CITY (If outside corporate limits, write RURAL and give township) Rural, Arcadia Township d. STREET ADDRESS (If rural, give location) 1 mile east of Ironton			
3. NAME OF DECEASED (Type or Print) a. (First) HENRIETTA b. (Middle) JULIANA c. (Last) MESSMER				4. DATE OF DEATH (Month) (Day) (Year) April 25 1953			
5. SEX fem		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 29 1856	
9. AGE (In years last birthday) 96		10. UNDER 1 YEAR Months 9 Days 26		11. BIRTHPLACE (City and State or Foreign Country) Denmark		12. CITIZEN OF WHAT COUNTRY? Denmark	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Denmark	
13a. FATHER'S NAME unknown Krohn				13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Wilhelm Messmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John G. Messmer, Ironton Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 331X			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from April 14, 1953, to April 25, 1953, that I last saw the deceased alive on April 25, 1953, and that death occurred at 1:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE J. H. Messmer M.D.				23b. ADDRESS Ironton Mo.			
23c. DATE SIGNED April 26/53							
24a. BURIAL, CREMATION, REMAINS		24b. DATE 4-27-53		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REG. 4-28-53		REGISTRAR'S SIGNATURE Mrs. Avis Jones		25. FUNERAL DIRECTOR'S SIGNATURE 128		ADDRESS White Funeral Home, Ironton Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 14 1953

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Amelg White

Licensed Embalmer No. 3012

P. O. Address Winton, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.